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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/288,615 11/05/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
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**TITLE**  
 Coated stent with geometry determined functionality and method of making the same

<b>FILING FEE RECEIVED</b> 717	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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